

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages this report: 69

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Ms. Ada
NICKNAME LAST SUFFIX
Edwards

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 667307
Houston TX 77266-7307

☐ Change of Address5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Ms. Monica
NICKNAME LAST SUFFIX
Lamb

6 CAMPAIGN
TREASURER
ADDRESS

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 667307
Houston TX 77266-7307

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 523-1762

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☒ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
01/01/2002 06/30/2002

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☒ General ☐ Special
11/06/0001

11 OFFICE

OFFICE HELD (if any)
City Council, District D

12 OFFICE SOUGHT (if known)
City Council, District D

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Ms. Ada Edwards

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 75,547.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 71,930.36

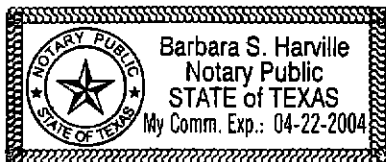
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Ada J. Edwards
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ADA J. EDWARDS, this the 15th day of July, 20 02, to certify which, witness my hand and seal of office.

Barbara S. Harville
Signature of officer administering oath

BARBARA S. HARVILLE
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 35
2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

4 Date 1/11/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Herman Vacca	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 5763			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/11/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Parsons Corporation PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/11/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Coats, Rose Political Action Committee	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 1001 [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/11/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Christus N Powell	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/14/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Darryl B. Carter	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/15/2002

5 Full Name of Contributor:

Andrews & Kurth, LLP

☐ out of state PAC

7 Amount of
contribution (\$):

\$1,000.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] 002

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

1/16/2002

5 Full Name of Contributor:

Locke Liddell & Sapp LLP

☐ out of state PAC

7 Amount of
contribution (\$):

\$500.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

1/16/2002

5 Full Name of Contributor:

Jeffery Bricker

☐ out of state PAC

7 Amount of
contribution (\$):

\$125.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] 77050-3005

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

1/17/2002

5 Full Name of Contributor:

Roland Garcia

☐ out of state PAC

7 Amount of
contribution (\$):

\$500.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

1/17/2002

5 Full Name of Contributor:

Linebarger Goggan Blair Graham Pena, Sampson

☐ out of state PAC

7 Amount of
contribution (\$):

\$500.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] 0

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/18/2002

5 Full Name of Contributor:

Robert R Fretz☐ out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution

(if applicable) :

6 Contributor Address: City, State, Zip Code

5006 [REDACTED], Houston, TX 77096

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

1/23/2002

5 Full Name of Contributor:

Jane Bass Page☐ out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution

(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

1/23/2002

5 Full Name of Contributor:

Continental Airlines Inc. Employee Fund for a Bett☐ out of state PAC7 Amount of
contribution (\$):**\$1,000.00**8 In kind
contribution

(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED] 2-

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

1/24/2002

5 Full Name of Contributor:

H-CAR PAC☐ out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution

(if applicable) :

6 Contributor Address: City, State, Zip Code

13130 Cullen Blvd, Houston, TX 77047

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

1/24/2002

5 Full Name of Contributor:

Stephen E. Benys☐ out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution

(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
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1 Total pages this schedule A1: **35**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/24/20025 Full Name of Contributor:
Jeanette H. Rash☐ out of state PAC7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/24/20025 Full Name of Contributor:
Dudly Smith☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/24/20025 Full Name of Contributor:
Carol A. Walker☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/28/20025 Full Name of Contributor:
Albert Luna☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/28/20025 Full Name of Contributor:
Ned S. Holmes☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 1/28/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David L Harris	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/29/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Percy Creuzot	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Senfronia Thompson	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James D. Dannenbaum	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 310 [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Walter H Criner	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stephan Fairfield	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John W. Peavy	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ricky Kamins	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Billy Burge	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jack Drake	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/30/20025 Full Name of Contributor:
Chris K. Wilmot☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]
[REDACTED] West Dr., Houston, TX 77008

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Gerald E. Wilson☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Kefeleagne Tesfaye☐ out of state PAC7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Alvin I Thomas☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Patricia K. Joiner☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

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2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George H. Purvis	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] [REDACTED] [REDACTED], TX 77450-		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Antoinette Jackson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] [REDACTED] [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Walter H Criner	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] [REDACTED] [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James W Gustafson	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] [REDACTED] [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edwin C. Friedrichs	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] [REDACTED] [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
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1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/30/20025 Full Name of Contributor:
Gerald M. Brady☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Mark Boyer☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
W. D. Davis☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Ed Gonzales☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
William H. White☐ out of state PAC7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/30/20025 Full Name of Contributor:
Sherry Lee Applewhite☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Cheryl L. Dotson☐ out of state PAC7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Texas Association of Realtors PAC☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Houston Associated General Contractor☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
3D/I PAC☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

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2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Halliburton Company Political Action Committee (HA 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Home-PAC (Greater Houston Bldrs Assoc) 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Algenita Scott Davis 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles D. Gooden 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 1/30/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sherif Mohamed 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/30/20025 Full Name of Contributor:
Willie J. Alexander☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
1/30/20025 Full Name of Contributor:
Outdoor PAC☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/1/20025 Full Name of Contributor:
Reliant Energy Political Action Committee☐ out of state PAC7 Amount of
contribution (\$):
\$1,500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/1/20025 Full Name of Contributor:
Terry Cheng☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/1/20025 Full Name of Contributor:
Vinson & Elkins Texas Political Action Committee☐ out of state PAC7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 35
2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/1/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy Mahaffay	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
6 Contributor Address: City, State, Zip Code [REDACTED] 78758			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 2/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Plumbers Local Union No. 68 PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
6 Contributor Address: City, State, Zip Code [REDACTED] 78710			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 2/5/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mike Garver	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
6 Contributor Address: City, State, Zip Code [REDACTED] 78705			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 2/6/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bobby V.P. Singh	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
6 Contributor Address: City, State, Zip Code [REDACTED] 78750			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 2/6/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Turner Collie & Braden PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
6 Contributor Address: City, State, Zip Code [REDACTED] 78702			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/6/2002

5 Full Name of Contributor:

☐ out of state PAC**Daniel T Brooks**7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/6/2002

5 Full Name of Contributor:

☐ out of state PAC**Harlon Brooks**7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/11/2002

5 Full Name of Contributor:

☐ out of state PAC**Mayer Brown & Platt**7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/11/2002

5 Full Name of Contributor:

☐ out of state PAC**Texas Coalition for Good Government**7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/12/2002

5 Full Name of Contributor:

☐ out of state PAC**Half Associates State PAC**7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
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The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/13/20025 Full Name of Contributor: ☐ out of state PAC
Bracewell & Patterson Committee7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/13/20025 Full Name of Contributor: ☐ out of state PAC
David F. Martinez7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/13/20025 Full Name of Contributor: ☐ out of state PAC
Lawrence W Hill7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/13/20025 Full Name of Contributor: ☐ out of state PAC
James J Smith7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
2/25/20025 Full Name of Contributor: ☐ out of state PAC
Clinton F Wong7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/26/20025 Full Name of Contributor: ☐ out of state PAC
Winstead Sechrest & Minick PAC7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/1/20025 Full Name of Contributor: ☐ out of state PAC
CDMPAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/1/20025 Full Name of Contributor: ☐ out of state PAC
Richard W. Weekley7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/4/20025 Full Name of Contributor: ☐ out of state PAC
Edmond D. Wulfe7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/4/20025 Full Name of Contributor: ☐ out of state PAC
Ann Lents7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
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(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/4/2002

5 Full Name of Contributor:

☐ out of state PAC**Claire D. Phillips**7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/6/2002

5 Full Name of Contributor:

☐ out of state PAC**Scott R. Rubenstein**7 Amount of
contribution (\$):
\$1,250.008 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/11/2002

5 Full Name of Contributor:

☐ out of state PAC**Darryl B. Carter**7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/15/20025 Full Name of Contributor:
M. Associates of Houston☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/20/20025 Full Name of Contributor:
Arthur L. Schechter☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 3/23/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert O. Wilbur	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 3/23/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Pamela R. Auburn	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 3/24/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Timothy J O'Brien	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 3/24/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Darryl B. Carter	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 3/24/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lennard M. Tenende	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/24/20025 Full Name of Contributor:
Rupert E. Hazle☐ out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/24/20025 Full Name of Contributor:
Darryl B. Carter☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/25/20025 Full Name of Contributor:
Charles C Foster☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/25/20025 Full Name of Contributor:
Jane Bass Page☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/26/20025 Full Name of Contributor:
Bobby E Glenn☐ out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/26/20025 Full Name of Contributor:
Lawrence Kagan☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/26/20025 Full Name of Contributor:
David P. Mohle☐ out of state PAC7 Amount of
contribution (\$):
\$9.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/27/20025 Full Name of Contributor:
Herman T. Pipkins☐ out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/27/20025 Full Name of Contributor:
David H. Sadeghpour☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
3/27/20025 Full Name of Contributor:
Joan C. Edwards☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 3/27/2002	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> John N. Barnhart <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 3/27/2002	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> Paul J Nelson <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 3/27/2002	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> Wendell A Robbins <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 3/27/2002	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> David Stone Interior Design <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 3/27/2002	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> Brooks Ballard Interest <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/28/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Debra S. Brashears	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 3/29/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael T. Critelli	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frank Pierce	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Don Sowell	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marqus A Brogan	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard E Pinnock 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC W. D. Davis 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R Vincent Hamilton 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roy L Owens 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barbara Sklar 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 4/4/2002	<div>5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David L Collins</div> <div>6 Contributor Address: City, State, Zip Code [REDACTED]</div>	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	<div>5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Madeleine G. Appel</div> <div>6 Contributor Address: City, State, Zip Code [REDACTED]</div>	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	<div>5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles Rencher</div> <div>6 Contributor Address: City, State, Zip Code [REDACTED]</div>	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	<div>5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Borris Miles</div> <div>6 Contributor Address: City, State, Zip Code [REDACTED]</div>	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	<div>5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David L Edwards</div> <div>6 Contributor Address: City, State, Zip Code [REDACTED]</div>	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/4/20025 Full Name of Contributor:
John S. Chase☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
4/4/20025 Full Name of Contributor:
Deandre M Sam☐ out of state PAC7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
4/4/20025 Full Name of Contributor:
Robert Stein☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
4/4/20025 Full Name of Contributor:
Simon R Wiltz☐ out of state PAC7 Amount of
contribution (\$):
\$2,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
4/4/20025 Full Name of Contributor:
Coats, Rose Political Action Committee☐ out of state PAC7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
[REDACTED]




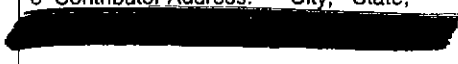

9 Principal Occupation (Optional):

10 Employer (Optional):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrews & Kurth, LLP 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jarrett Reality and Appraisal Service 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Airport Express Management, LTD 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC PHCG Investments 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Outdoor PAC 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	


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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**


(FOR FORMS C/OH and SPAC)


The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 35
2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Pamella R Thorne	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC West Gulf Maritime Association PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edward L Boswell	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Reddy Cypresswood, L.P.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Waste Management PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lan PAC <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Unallocated Misc. Cash Donations <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Orlando J. Teran <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mike Garver <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Walden & Associates <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 35
2 FILER NAME: Ada Edwards	3 ACCOUNT # (Ethics Commission filers)

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roland Garcia	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Orange James Rodgers	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alex Morua	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bob J Perry	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Francelia Totty	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Caliph Johnson 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R. J. Campo 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bette John 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald E. Reynolds 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Era Land 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **35**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/4/20025 Full Name of Contributor: ☐ out of state PAC
Harrel & Morris Political Consultants7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
9009 N Plaza, #1111

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
4/4/20025 Full Name of Contributor: ☐ out of state PAC
Cecelia Carroll-Williams7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code
12475

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
4/4/20025 Full Name of Contributor: ☐ out of state PAC
Helen Ann Fisher7 Amount of
contribution (\$):
\$20.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
4/4/20025 Full Name of Contributor: ☐ out of state PAC
Alvin Thomas7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
4/4/20025 Full Name of Contributor: ☐ out of state PAC
Charles D. Gooden7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janine M. Brunjes	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dorothy E. Caram	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] 32		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerome Robinson	7 Amount of contribution (\$): \$1.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dennis Fetters	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth A James	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mike Petrizzo <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Zerline B Prater <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div> 2900	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert B Cohen <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John Gilmore <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brian Cweren <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Earl Gerhard 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Lynn Pannill 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hardy Loe 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan E. Lovell 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Vincent S Goodridge 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 35	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ruben G Davis 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Leonard Childress 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 4/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R. Jack Linville 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 1
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/31/2002	5 Payee name Ada Edwards	7 Amount (\$) 1600.00
6 Payee address; City; State; Zip Code 5514 Griggs,Apt. 2832 Houston TX 77021		
8 Purpose of expenditure (See instructions regarding type of information required.) Reimb - GOTV Expense		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Ada Edwards	Amount (\$) 381.99
Payee address; City; State; Zip Code 5514 Griggs,Apt. 2832 Houston TX 77021		
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Repairs HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/11/2002	Payee name Andrea Hildebran	Amount (\$) 54.13
Payee address; City; State; Zip Code 38 Wyatt Street Somerville MA 02143		
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/11/2002	Payee name Ayesha G. Mutope-Johnson,Att. at Law	Amount (\$) 89.16
Payee address; City; State; Zip Code 10 Chelsea Place,Suite 210 Houston TX 77006		
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Event Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held


POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

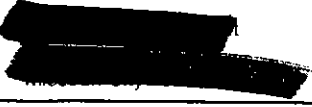
1 Total pages report:
2**2** FILER NAME
Ms. Ada Edwards**3** ACCOUNT # (Ethics Commission filers)

4 Date 01/11/2002	5 Payee name Ayesha G. Mutope-Johnson, Att. at Law	7 Amount (\$) 30.93
6 Payee address; City; State; Zip Code 10 Chelsea Place, Suite 210 Houston TX 77006		

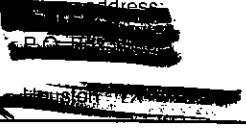
8 Purpose of expenditure (See instructions regarding type of information required.) Reimb - Event Expense	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 04/25/2002	Payee name Black Heritage Gallery	Amount (\$) 155.88
Payee address; City; State; Zip Code 		

Purpose of expenditure (See instructions regarding type of information required.) Office Supplies	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 05/09/2002	Payee name Boys-Into-Men, Inc.	Amount (\$) 200.00
Payee address; City; State; Zip Code 		

Purpose of expenditure (See instructions regarding type of information required.) Sponsorship	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 01/31/2002	Payee name City of Houston, Water Department	Amount (\$) 18.24
Payee address; City; State; Zip Code 		

Purpose of expenditure (See instructions regarding type of information required.) Utilities Campaign HQ	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 02/06/2002	5 Payee name City of Houston, Water Department 6 Payee address; City; State; Zip Code P.O. Box 1560 Houston TX 77251	7 Amount (\$) 18.24
8 Purpose of expenditure (See instructions regarding type of information required.) Utilities Campaign HQ		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Coleman Strategies Payee address; City; State; Zip Code 5447 Alameda, Suite 401 Houston TX 77004	Amount (\$) 1040.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Coleman Strategies Payee address; City; State; Zip Code 5447 Alameda, Suite 401 Houston TX 77004	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Coleman Strategies Payee address; City; State; Zip Code 5447 Alameda, Suite 401 Houston TX 77004	Amount (\$) 381.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
4**2** FILER NAME

Ms. Ada Edwards

3 ACCOUNT # (Ethics Commission filers)**4** Date

01/31/2002

5 Payee name

Coleman Strategies

7

Amount

(\$)

500.00

6 Payee address; City; State; Zip Code

5447 Alameda, Suite 401

Houston TX 77004

8 Purpose of expenditure (See instructions regarding type of information required.)

Advertising

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/30/2002

Payee name

Dierdre Nzinga Rideaux

Amount

(\$)

6.47

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reinb - Office Supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/31/2002

Payee name

Grant Martin Consulting

Amount

(\$)

1035.00

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Postage & Mail House

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/31/2002

Payee name

Grant Martin Consulting

Amount

(\$)

3981.08

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Payroll Expenses

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/31/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 1526.06
8 Purpose of expenditure (See instructions regarding type of information required.) Paid Phone Calls		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 18000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting Service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 469.00
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 104.41
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/31/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 9.00
8 Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 90.78
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 86.70
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 236.25
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7

2 FILER NAME

Ms. Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/31/2002

5 Payee name

Grant Martin Consulting

7

Amount

(\$)

500.00

6 Payee address; City; State; Zip Code

PO Box 667307

Houston TX 77266

8 Purpose of expenditure (See instructions regarding type of information required.)
Printing & Reproduction9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

01/31/2002

Payee name

Grant Martin Consulting

Amount

(\$)

67.93

Payee address; City; State; Zip Code

PO Box 667307

Houston TX 77266

Purpose of expenditure (See instructions regarding type of information required.)
Printing & ReproductionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

01/31/2002

Payee name

Grant Martin Consulting

Amount

(\$)

869.12

Payee address; City; State; Zip Code

PO Box 667307

Houston TX 77266

Purpose of expenditure (See instructions regarding type of information required.)
Printing & ReproductionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

01/31/2002

Payee name

Grant Martin Consulting

Amount

(\$)

576.30

Payee address; City; State; Zip Code

PO Box 667307

Houston TX 77266

Purpose of expenditure (See instructions regarding type of information required.)
Printing & ReproductionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/31/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 489.70
8 Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 7.00
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 3.00
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 50.32
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 9
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)

4 Date 01/31/2002	5 Payee name Grant Martin Consulting <hr/> 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 34.00
8 Purpose of expenditure (See instructions regarding type of information required.) Postage		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 01/31/2002	Payee name Grant Martin Consulting <hr/> Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 17.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 01/31/2002	Payee name Grant Martin Consulting <hr/> Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 17.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 01/31/2002	Payee name Grant Martin Consulting <hr/> Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 68.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10	
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/31/2002	5 Payee name Grant Martin Consulting		7 Amount (\$) 15.16
6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			
8 Purpose of expenditure (See instructions regarding type of information required.) Postage		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 01/31/2002	Payee name Grant Martin Consulting		Amount (\$) 578.18
Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			
Purpose of expenditure (See instructions regarding type of information required.) Paid Phone Calls		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 01/31/2002	Payee name Grant Martin Consulting		Amount (\$) 600.00
Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			
Purpose of expenditure (See instructions regarding type of information required.) GOTV Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 01/31/2002	Payee name Grant Martin Consulting		Amount (\$) 750.00
Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266			
Purpose of expenditure (See instructions regarding type of information required.) Event Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
11**2** FILER NAME
Ms. Ada Edwards**3** ACCOUNT # (Ethics Commission filers)**4** Date
01/31/2002**5** Payee name
Grant Martin Consulting**7** Amount
(\$)
105.03**6** Payee address; City; State; Zip Code
PO Box 667307
Houston TX 77266**8** Purpose of expenditure (See instructions regarding type of information required.)
Event Expense**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/31/2002Payee name
Grant Martin ConsultingAmount
(\$)
83.85Payee address; City; State; Zip Code
PO Box 667307
Houston TX 77266Purpose of expenditure (See instructions regarding type of information required.)
Event ExpenseComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/31/2002Payee name
Grant Martin ConsultingAmount
(\$)
833.63Payee address; City; State; Zip Code
PO Box 667307
Houston TX 77266Purpose of expenditure (See instructions regarding type of information required.)
Event ExpenseComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/31/2002Payee name
Grant Martin ConsultingAmount
(\$)
838.18Payee address; City; State; Zip Code
PO Box 667307
Houston TX 77266Purpose of expenditure (See instructions regarding type of information required.)
Data ResearchComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 12
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/31/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 750.00
8 Purpose of expenditure (See instructions regarding type of information required.) Data Research		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/06/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 170.40
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 2300.00
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 5000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting Service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 13
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/15/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 52.20
8 Purpose of expenditure (See instructions regarding type of information required.) Web Site Hosting		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 780.79
Purpose of expenditure (See instructions regarding type of information required.) Utilities Campaign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 75.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsorship		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 450.00
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 14
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/15/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 43.84
8 Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 189.75
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 75.00
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 488.40
Purpose of expenditure (See instructions regarding type of information required.) Postage & Mail House		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 15
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/15/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 68.09
8 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 19.47
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 415.00
Purpose of expenditure (See instructions regarding type of information required.) Event Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 270.00
Purpose of expenditure (See instructions regarding type of information required.) Event Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 16
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/22/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 12.45
8 Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/22/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 215.80
Purpose of expenditure (See instructions regarding type of information required.) Data Research		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/01/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 3.30
Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/01/2002	Payee name Grant Martin Consulting Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 56.10
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
17**2** FILER NAME
Ms. Ada Edwards**3** ACCOUNT # (Ethics Commission filers)**4** Date
05/01/2002**5** Payee name
Grant Martin Consulting**7** Amount
(\$)
49.51**6** Payee address; City; State; Zip Code
PO Box 667307
Houston TX 77266**8** Purpose of expenditure (See instructions regarding type of information required.)
Office Supplies**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/01/2002Payee name
Grant Martin ConsultingAmount
(\$)
84.95Payee address; City; State; Zip Code
PO Box 667307
Houston TX 77266Purpose of expenditure (See instructions regarding type of information required.)
Office SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/06/2002Payee name
Grant Martin ConsultingAmount
(\$)
800.00Payee address; City; State; Zip Code
PO Box 667307
Houston TX 77266Purpose of expenditure (See instructions regarding type of information required.)
Consulting ServiceComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/05/2002Payee name
Grant Martin ConsultingAmount
(\$)
49.51Payee address; City; State; Zip Code
PO Box 667307
Houston TX 77266Purpose of expenditure (See instructions regarding type of information required.)
Office SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 18
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 06/05/2002	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	7 Amount (\$) 84.95
8 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/04/2002	Payee name Bridget Jensen Payee address; City; State; Zip Code 920 Clay Houston TX 77025	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Contract Work		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/24/2002	Payee name John Pluecker Payee address; City; State; Zip Code 1711 Fourcade #6 Houston TX 77023	Amount (\$) 178.12
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Event Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/08/2002	Payee name John Pluecker Payee address; City; State; Zip Code 1711 Fourcade #6 Houston TX 77023	Amount (\$) 165.00
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Printing & Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 19
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 06/03/2002	5 Payee name KTSU 6 Payee address; City; State; Zip Code Texas Southern University Houston TX 77004	7 Amount (\$) 150.00
8 Purpose of expenditure (See instructions regarding type of information required.) Sponsorship		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/11/2002	Payee name Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	Amount (\$) 12.00
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Volunteer Food		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/11/2002	Payee name Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	Amount (\$) 9.90
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Volunteer Food		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/11/2002	Payee name Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	Amount (\$) 12.96
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 20
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)

4 Date 01/11/2002	5 Payee name Lisa Canon <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	7 Amount (\$) 28.97
8 Purpose of expenditure (See instructions regarding type of information required.) Reimb - Office Supplies		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 01/11/2002	Payee name Lisa Canon <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	Amount (\$) 2.15
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 01/11/2002	Payee name Lisa Canon <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	Amount (\$) 57.35
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 01/11/2002	Payee name Lisa Canon <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	Amount (\$) 4.87
Purpose of expenditure (See instructions regarding type of information required.) Reimb - GOTV		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 21
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/11/2002	5 Payee name Lisa Canon 6 Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	7 Amount (\$) 29.75
8 Purpose of expenditure (See instructions regarding type of information required.) Reimb - GOTV		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/11/2002	Payee name Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	Amount (\$) 9.74
Purpose of expenditure (See instructions regarding type of information required.) Reimb - GOTV		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/11/2002	Payee name Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	Amount (\$) 54.13
Purpose of expenditure (See instructions regarding type of information required.) Reimb - GOTV		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/25/2002	Payee name Lisa Canon Payee address; City; State; Zip Code 5400 MLK Blvd. #16 Houston TX 77021	Amount (\$) 221.82
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Campaign Phone		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
22**2** FILER NAME
Ms. Ada Edwards**3** ACCOUNT # (Ethics Commission filers)**4** Date
01/31/2002**5** Payee name
Lisa Canon**7** Amount
(\$)
1217.59**6** Payee address; City; State; Zip Code
5400 MLK Blvd. #16
Houston TX 77021**8** Purpose of expenditure (See instructions regarding type of information required.)
Reimb - Campaign Telephone**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/31/2002Payee name
Lisa CanonAmount
(\$)
11.37Payee address; City; State; Zip Code
5400 MLK Blvd. #16
Houston TX 77021Purpose of expenditure (See instructions regarding type of information required.)
Reimb - ReproductionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/31/2002Payee name
Lynne HufferAmount
(\$)
251.81Payee address; City; State; Zip Code
935 Fugate
Houston TX 77006Purpose of expenditure (See instructions regarding type of information required.)
Reimb - Volunteer FoodComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/31/2002Payee name
Lynne HufferAmount
(\$)
77.88Payee address; City; State; Zip Code
935 Fugate
Houston TX 77006Purpose of expenditure (See instructions regarding type of information required.)
Reimb - GOTVComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 23
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/03/2002	5 Payee name Planned Parenthood of Houston & SE Texas 6 Payee address; City; State; Zip Code 3601 Fannin Houston TX 77004	7 Amount (\$) 50.00
8 Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Quantum Consultants Payee address; City; State; Zip Code PO Box 2045 Houston TX 77248	Amount (\$) 10000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Reliant Energy Payee address; City; State; Zip Code P.O. Box 3765 Houston TX 77253	Amount (\$) 65.74
Purpose of expenditure (See instructions regarding type of information required.) Utilities Campaign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/04/2002	Payee name Sheila Savanah Payee address; City; State; Zip Code 3920 Cherly Lane Houston TX 77025	Amount (\$) 1500.00
Purpose of expenditure (See instructions regarding type of information required.) Contract Work		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 24
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/14/2002	5 Payee name Southwestern Bell 6 Payee address; City; State; Zip Code P.O. Box 4699 Houston TX 77097-0075	7 Amount (\$) 294.90
8 Purpose of expenditure (See instructions regarding type of information required.) Utilities Campaign HQ		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/22/2002	Payee name Southwestern Bell Payee address; City; State; Zip Code P.O. Box 4699 Houston TX 77097-0075	Amount (\$) 294.90
Purpose of expenditure (See instructions regarding type of information required.) Utilities Campaign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Southwestern Bell Payee address; City; State; Zip Code P.O. Box 4699 Houston TX 77097-0075	Amount (\$) 547.82
Purpose of expenditure (See instructions regarding type of information required.) Utilities Campaign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/11/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 560.00
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 25
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/11/2002	5 Payee name Tamara Jones 6 Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	7 Amount (\$) 558.57
8 Purpose of expenditure (See instructions regarding type of information required.) Reimb - GOTV Expense		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/22/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 1188.57
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 30.42
Purpose of expenditure (See instructions regarding type of information required.) Reimb- Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 65.64
Purpose of expenditure (See instructions regarding type of information required.) Reimb- Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 26
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/31/2002	5 Payee name Tamara Jones 6 Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	7 Amount (\$) 11.13
8 Purpose of expenditure (See instructions regarding type of information required.) Reimb- Office Supplies		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 58.45
Purpose of expenditure (See instructions regarding type of information required.) Reimb- Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 12.91
Purpose of expenditure (See instructions regarding type of information required.) Reimb- Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 82.59
Purpose of expenditure (See instructions regarding type of information required.) Reimb- Event Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
27**2 FILER NAME**

Ms. Ada Edwards

3 ACCOUNT # (Ethics Commission filers)**4** Date

01/31/2002

5 Payee name

Tamara Jones

7 Amount
(\$)

5.78

6 Payee address; City; State; Zip Code

935 Fugate

Houston TX 77009

8 Purpose of expenditure (See instructions regarding type of information required.)

Reimb- Event Expense

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/31/2002

Payee name

Tamara Jones

Amount
(\$)

11.91

Payee address; City; State; Zip Code

935 Fugate

Houston TX 77009

Purpose of expenditure (See instructions regarding type of information required.)

Reimb- Event Expense

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/31/2002

Payee name

Tamara Jones

Amount
(\$)

29.23

Payee address; City; State; Zip Code

935 Fugate

Houston TX 77009

Purpose of expenditure (See instructions regarding type of information required.)

Reimb - Volunteer Food

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01/31/2002

Payee name

Tamara Jones

Amount
(\$)

26.61

Payee address; City; State; Zip Code

935 Fugate

Houston TX 77009

Purpose of expenditure (See instructions regarding type of information required.)

Reimb - Volunteer Food

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 28
2 FILER NAME Ms. Ada Edwards		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/31/2002	5 Payee name Tamara Jones 6 Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	7 Amount (\$) 18.51
8 Purpose of expenditure (See instructions regarding type of information required.) Reimb - Reproduction		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 5.52
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 5.52
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	Amount (\$) 278.00
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
29**2 FILER NAME**

Ms. Ada Edwards

3 ACCOUNT # (Ethics Commission filers)**4 Date**

01/31/2002

5 Payee name

Tamara Jones

7 Amount

(\$)

210.00

6 Payee address; City; State; Zip Code

935 Fugate

Houston TX 77009

8 Purpose of expenditure (See instructions regarding type of information required.)

Reimb - Postage

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/24/2002

Payee name

Vivian Harris

Amount

(\$)

500.00

Payee address; City; State; Zip Code

13906 Regg Drive

Houston TX 77045-5410

Purpose of expenditure (See instructions regarding type of information required.)

Contract Work

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/24/2002

Payee name

Vivian Harris

Amount

(\$)

250.00

Payee address; City; State; Zip Code

13906 Regg Drive

Houston TX 77045-5410

Purpose of expenditure (See instructions regarding type of information required.)

Contract Work

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/06/2002

Payee name

Vivian Harris

Amount

(\$)

500.00

Payee address; City; State; Zip Code

13906 Regg Drive

Houston TX 77045-5410

Purpose of expenditure (See instructions regarding type of information required.)

Contract Work

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
30**2** FILER NAME
Ms. Ada Edwards**3** ACCOUNT # (Ethics Commission filers)**4** Date
05/09/2002**5** Payee name

Vivian Harris

7 Amount
(\$)
500.00**6** Payee address; City; State; Zip Code

13906 Regg Drive

Houston TX 77045-5410

8 Purpose of expenditure (See instructions regarding type of information required.)
Contract Work**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/30/2002

Payee name

Vivian Harris

Amount
(\$)
500.00

Payee address; City; State; Zip Code

13906 Regg Drive

Houston TX 77045-5410

Purpose of expenditure (See instructions regarding type of information required.)
Contract WorkComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/15/2002

Payee name

Youth Advocates

Amount
(\$)
250.00

Payee address; City; State; Zip Code

4865 Gulf Freeway

Houston TX 77023

Purpose of expenditure (See instructions regarding type of information required.)
SponsorshipComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held